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Crisis in Emergency Rooms: More Symptoms Than Cures

By ROBERT REINHOLD

Special to The New York Times

LOS ANGELES, July 27 — It was only 6 o'clock on a recent Saturday night when the busiest emergency room in downtown Los Angeles, at the California Medical Center, ordered all ambulances diverted to other hospitals. The 13 beds were already filled: a woman delivering a baby, a boy with an asthmatic attack, a 6-year-old girl bleeding from apparent sexual abuse, a young man hurt in a car accident and, the last straw, a 48-year-old man in full cardiac arrest.

When quiet returned three hours later, the emergency director, Dr. Alan Heilpern, told a sadly familiar story: six of the 13 patients were "066's," hospital code meaning they had no medical insurance or other means of paying.

Hospital officials say that state reimbursements for treatment of indigent patients is inadequate and that the institution is hemorrhaging \$500,000 a month through its emergency room.

A Century of Service

The hospital, which has served central Los Angeles for a century, decided to shut its emergency room doors to ambulances beginning Monday, Aug. 1. Patients who can get to the emergency room by other means will be treated.

The closing, which faces government and court challenges, could touch off a crisis in emergency care in Southern California of proportions unknown in a major American city. It could leave the vast central area of Los Angeles with no nearby emergency room.

While some health experts say basic inefficiency and local politics worsen

the Los Angeles situation, many say it portends a nationwide decay of emergency care.

"Los Angeles is a harbinger of what is very likely to happen in the rest of the country," said Dr. Michael J. Krentz of Dallas, president of the 12,000-member American College of Emergency Physicians.

Progress and Paradoxes

The Los Angeles crisis reflects a wrenching paradox in an era of improvements in emergency care, improvements that have saved thousands of lives.

Professional paramedics now ride in many ambulances, and hospitals in many regions are designated as "trauma centers" that can handle major disasters, with specialists, spe-

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INS

New Chief for NBC News

NBC reached outside the broadcasting industry yesterday, naming Michael G. Gartner, a newspaper editor, to be the new president of the network's news division. Page C26.

A Japanese Buying Spree?

By increasing their investments in Wall Street mergers and acquisitions firms, the Japanese are signaling their intention of shopping for American companies. Page D1.

Expansion of Abortion Aid

The Senate passed a measure to permit Medicaid to pay for abortions in cases of rape and incest. The plan still faces hurdles in the House and a possible veto. Page A22.

A New Mystery of the Deep

The fish are biting at a recreation area in Northern California, but it's

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Crisis Afflicts Emergency Health Care

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cial equipment and blood supplies on hand at all times.

But this costly system is deteriorating, an unintended result of efforts to control rising medical costs. Rates of reimbursement to hospitals and doctors by Medicare, Medicaid and private insurers have been pushed down as they have been based more on diagnosis rather than actual treatment or hospital time. Hospitalists say they find it impossible to shift costs to compensate for charity patients, and hospital occupancy rates have fallen.

Adding to the strains are a shortage of nurses, doctors' protests over higher malpractice insurance rates, rivalries between hospitals and tensions involving paramedic services, doctors, and city, county and state governments.

Trouble in Fort Worth
Signs of stress are growing nationally. In Fort Worth, for example, the county-supported John Peter Smith Hospital has regularly shut its emergency room this summer because it lacks enough intensive-care beds and nurses. Patients were being held in the emergency area for up to four days.

In Miami, seven of eight hospitals have given up their designation as special trauma centers, citing losses. This has put a huge burden on Jackson Memorial Hospital.

And in Massachusetts, many hospitals are often overloaded and forced to transfer patients.

Outlook Worst in Los Angeles
But nowhere is the system threatened with such collapse as in the Los Angeles area, where 27 percent of all non-elderly adults and 30 percent of all children have no health insurance.

California Medical, a private, non-profit hospital, has received about 800 ambulance runs in the next few days to state intervenes in the next few days to prevent it, California Medical's plan to shut its emergency room to ambulances effective Monday is likely to be followed by nearby hospitals fearful of being overloaded by indigents.

Ambulances from downtown would have to travel many extra miles through freeway traffic to county hospitals like the Martin Luther King/Drew Medical Center and County-University of Southern California Medical Center, which are already overloaded.

No Place to Be Ill
"People will literally die in the streets and in their offices," said Dr. Brian D. Johnston, emergency director

at White Memorial Hospital. "You'd be better off having a heart attack in Mexico City than in Los Angeles."

Dr. Kenneth W. Kizer, director of the state Department of Health Services, said millions of people stand to lose access to emergency care. He is trying to negotiate a solution, but he says the state Government has little money to help.

Meanwhile, efforts to build a national network of regional trauma centers have stalled. A report last month in the Journal of the American Medical Association said 29 states have not even started designating centers and only two, Maryland and Virginia, have fully operational systems.

In Los Angeles, seven of 23 trauma centers have dropped out of the special network. In 1987, 55 trauma hospitals in Florida experienced an emergency-care crisis when doctors protested over malpractice suits. That crisis has eased, at least in part because of a law passed in February requiring that an expert witness vouch that a cause for action exists before a malpractice suit can be filed. Still, the safety net is thin. In fast-growing Broward County, north of Miami, the number of neurosurgeons available for emergency service has dropped sharply in the past decade.

Massachusetts, in passing the nation's first universal health insurance law last spring, went a long way toward alleviating the problem of caring for people who have no insurance. Still, a recent study of 85 of the state's 106 acute-care hospitals by the Massachusetts Hospital Association found that nearly a third of the emergency rooms were overloaded at least once a week.

State Is Cutting Back
But California presents the most urgent problem. Under a fiscally conservative Republican Governor, George Deukmejian, the state's Medical Program for the poor has become the least generous program of any state except Mississippi, Alabama and West Virginia. Last year, the Governor vetoed special financing for the Los Angeles system, saying it was a county problem.

As a result, hospitals in the Los Angeles area are rebelling. Over the last two years, 15 hospitals in Los Angeles County have closed or downgraded their emergency rooms.

The linchpin in the remaining system is California Medical. The 344-bed hospital serves a huge inner city population that is heavily Mexican-American and black. Administrators say nearly one-third of the 2,500 emergency patients a month have no insurance. They said the hospital last year was not paid for emergency services for which it would have billed nearly \$8 million.

When ability to pay gets in the way, we see needless death and disability," said Dr. Howard Champion, chief of trauma services at the Washington Hospital Center in Washington.

He said those unable to pay who need major surgery or other costly services are frequently shuffled off to county hospitals even if that means losing the critical "window of opportunity" when

New York Is a Focus
California reported losses totaling \$131 million, mostly because of indigent and uninsured patients.

In New York City, the study found that only one-third of critical trauma patients were taken to the eight top-level trauma centers there. The implication was that many New Yorkers are dying as a result, since other studies have shown that one-third of trauma deaths in non-designated hospitals were preventable.

The New York State Department of Health, however, said that it plans to institute a new procedure by next year in which Emergency Medical Service paramedics can take patients directly to designated trauma centers. "This system significantly will cut the time from injury to treatment and save many lives," said Faith Schottenfeld, spokeswoman for the health department.

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Such surgery can be helpful.

Texas Problems Are Addressed
"We know these things happen," Dr. Champion said. "If you cannot pay, you will get worse and worse service."

Even access to ordinary emergency care has become harder. Faced with an increase of 1,000 patients a month and a cutback of 100 beds because of a nursing shortage, Houston's Hermann Hospital last month approved policies for transferring patients.

Reports of widespread "dumping" of seriously ill patients by private hospitals onto public ones in Texas have even started designating centers and fully operational systems.

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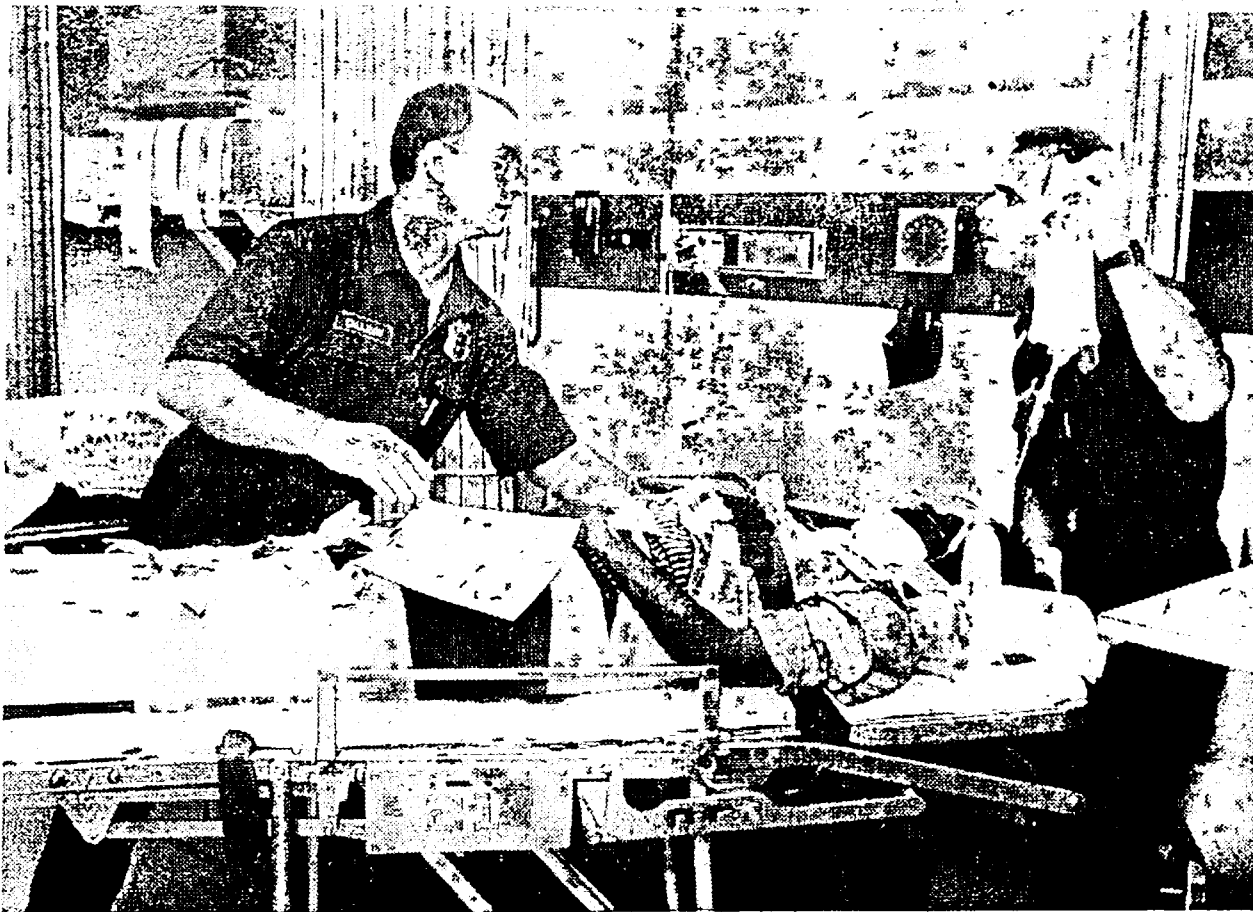
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The New York Times/Bart Bartholemew

Paramedics attending to a trauma victim at the California Medical Center in downtown Los Angeles, a crowded, nonprofit facility often serving patients who lack insurance coverage.

If the hospital shifts on Aug. 1 to "standby status," at least two other nearby hospitals, Good Samaritan and French, say they will too. County and city health authorities are preparing plans to transport patients to other hospitals. Business leaders are fearful of the consequences for tourism and conventions.

Not Just 'Poor' Problem

Even now, the network is strained. "On a Friday or Saturday night, it is not unusual to have 17 or 18 hospitals all closed, beginning in the central city and fanning out," said Virginia Price Hastings, chief of paramedic and trauma hospital programs for the county.

"Many people mistakenly think this is a problem for the poor," she said. "But if there is no emergency room, it is not there for anybody. If the wealthiest person in the state is at a conference downtown and has chest pains, he will be taken to a county hospital."

The big county hospitals, already overwhelmed, are expecting 1,000 or more runs a month. At Martin Luther

King, in south central Los Angeles, the ambulances are often lined up five deep. On one recent Saturday night, four gunshot victims lay for hours on gurneys in the corridors.

Whether California Medical can restrict its emergency room legally is unclear. Dr. Kizer, the state health director, said that he would refuse an application to downgrade the facility. Dr. Kizer has invited the hospital to renegotiate its Medi-Cal rates, but the hospital said that will not provide enough additional income.

Complaint Is Filed

Meanwhile, a complaint has been filed against California, Samaritan and French hospitals by the National Health Law Program, the Legal Aid Foundation of Los Angeles and the Western Center on Law and Poverty. It charges that the closures will endanger the lives of the poor and, in the case of California Medical, violate the agreement under which the hospitals accepted Federal construction grants in return for caring for indigents.

Michelle Barker, spokeswoman for

California Medical, said that the hospital accepted \$998,000 in construction money in 1970 under the Hill-Burton Act and has since given \$3 million in care in return.

Assemblyman Mike Roos of Los Angeles has entered a bill to provide \$20 million to augment county health budgets, and another to provide \$40 million to shore up the trauma network.

Senator Alan Cranston and Representative Jim Bates, both California Democrats, have introduced bills to authorize \$60 million a year in matching funds for three years to encourage states to set up trauma systems.

But experts say a long-term remedy is needed.

"Lots of people will die, and then some celebrity, an entertainer or a politician, will have a car accident on the Harbor Freeway and won't be able to get help soon enough," said Dr. Gary Krieger, past president of the Los Angeles County Medical Association. "Out of that will come a new health-care law."